



**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**NATIONAL HEALTH SERVICE CORPS FOR THE  
YEAR 2022**

# Executive Summary

The report to Congress for 2022 details the program accomplishments of the National Health Service Corps (NHSC), which is charged with helping communities within health professional shortage areas (HPSA) of greatest need by providing primary health care services through the recruitment and retention of primary care health professionals. The report:

- Provides updates on HPSA information;
- Defines the need for primary care services through requests for recruitment and retention assistance from underserved communities;
- Shows the current NHSC field strength<sup>1</sup> and the projection for next year;
- Explains recruitment efforts for the NHSC Scholarship and Loan Repayment Programs ;
- Provides estimates on the number of patients seen by NHSC clinicians;
- Details the most recent short-term and long-term retention rates of NHSC clinicians who have fulfilled the service obligation and continue to serve the underserved; and
- Describes the evaluation process to determine compliance with section 333(a)(1)(D) of the Public Health Service (PHS) Act for inclusion on the Health Workforce Connector.

Significant findings in the report include the following:

- The NHSC field strength in fiscal year (FY) 2022 was 20,215, the program’s largest to date for the second year in a row. NHSC clinicians served in urban, rural, and frontier communities in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.<sup>2</sup>
- The NHSC also made a record commitment to building primary care provider capacity, awarding 1,199 new scholarships and 368 loan repayment awards to health professions students in FY 2022.
- In FY 2022, NHSC clinicians provided care to more than 21 million people. More than 56 percent of NHSC clinicians served in health centers supported by Health Resources and Services Administration (HRSA) grants. The remaining clinicians provided patient care services at other sites including rural health clinics; Indian Health Service facilities, tribal health programs,<sup>3</sup> and urban Indian organizations;<sup>4</sup> group or private practices;

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<sup>1</sup> “NHSC field strength,” as this term is used in this report, includes clinicians recruited through the NHSC Loan Repayment Program, the NHSC Scholarship Program, the NHSC Students to Service Loan Repayment Program, the NHSC Substance Use Disorder Workforce Loan Repayment Program, the NHSC Rural Communities Loan Repayment Program, and the State Loan Repayment Program who are currently fulfilling their service commitments.

<sup>2</sup> Pacific Basin includes American Samoa, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, and the Republic of Palau.

<sup>3</sup> An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5301 et. seq.).

<sup>4</sup> Urban Indian organizations that receive grant and contract funding through Title V of the Indian Health Care

critical access hospitals; hospital-based outpatient clinics; and similar outpatient sites located in HPSAs.

- The NHSC and many federal and state workforce programs use HPSA designations for resource allocation. As of September 30, 2022, there were HPSA designations for geographic areas, population groups, and facilities of the following types:
  - Primary care: 8,160
  - Dental health: 7,192
  - Mental health: 6,464
- In 2022, HRSA finalized criteria for determining Maternity Care Health Professional Target Areas (MCTAs), identified more than 6,300 MCTAs nationwide, and published composite MCTA scores in the HRSA Data Warehouse HPSA Find tool.<sup>5</sup> The NHSC will recognize MCTA scores within designated Primary Care HPSAs to determine the greatest need for maternity health professionals. In FY 2023, the NHSC will, for the first time, use MCTAs to distribute maternity care health professionals who will receive loan repayment in exchange for their service.
- Approximately 36.8 percent of FY 2022 NHSC placements were at sites that served rural areas.<sup>6</sup>
- The discipline mix of the NHSC field strength reflects the program’s efforts to respond to the demand for services in underserved communities as well as the program’s commitment to an interdisciplinary approach to patient care. The NHSC continues to expand the number of behavioral health clinicians in the program by continuing the Substance Use Disorder (SUD) Workforce and Rural Community Loan Repayment Programs. In addition, registered nurses and pharmacists are included as eligible disciplines in the State LRP.
- In FY 2022, the NHSC made a total of 1,224 scholarship awards, as well as a total of 7,705 loan repayment awards. Overall, HRSA made 368 new Students to Service LRP awards, providing loan repayment to medical students, dental students, and nursing students in their final year of school in return for providing health services in urban, rural, or frontier communities with limited access to care. These awards are vital recruitment tools for underserved communities in need of primary care, oral health, and behavioral and mental health services.
- In FY 2022, HRSA continued to expand the workforce caring for people with SUD by implementing both the NHSC SUD Workforce LRP and the NHSC Rural Community LRP. In FY 2022, the NHSC SUD Workforce LRP made 808 new awards and the

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Improvement Act are Federally Qualified Health Centers that provide health care to American Indians and Alaska Natives living in urban centers.

<sup>5</sup> The “Improving Access to Maternity Care Act” (P.L. 115-320) amended the Public Health Service Act to direct HRSA to identify MCTAs within HPSAs for assigning maternity care health professionals.

<sup>6</sup> The NHSC uses the Federal Office of Rural Health Policy definition of rural for identifying NHSC-approved sites that are in rural areas; see [http://www.hrsa.gov/ruralhealth/policy/definition\\_of\\_rural.html](http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

NHSC Rural Community LRP made 639 new awards. Additionally, NHSC funding was designated to support loan repayment awards to clinicians serving in Indian Health Service facilities, Tribal Health programs, and urban Indian organizations.

- Approximately 84 percent of NHSC participants who completed their NHSC service obligation in FY 2021 continued to serve in underserved areas at least 1 year later.



# National Health Service Corps Report to Congress for the Year 2022

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## Acronym List

ARP Act	American Rescue Plan Act of 2021
DATA	Drug Addiction Treatment Act
FQHC	Federally Qualified Health Center
FY	fiscal year
HPSA	health professional shortage area
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
ITU	Indian Health Service, tribal, or urban Indian health clinic
LRP	Loan Repayment Program
MCTA	maternity care health professional target area
NHSC	National Health Service Corps
ODD	opioid use disorder
PHS Act	Public Health Service Act
PCO	primary care office
SAMHSA	Substance Abuse and Mental Health Services Administration
SP	Scholarship Program
SUD	substance use disorder
S2S LRP	Students to Service Loan Repayment Program

# I. Legislative Language

Section 336A of the Public Health Service (PHS) Act (42 U.S.C. § 254i) sets out the requirements for this report to Congress:<sup>7</sup>

*“The Secretary shall submit an annual report to Congress, and shall include in such report with respect to the previous calendar year—*

- (1) the number, identity, and priority of all health professional shortage areas designated in such year and the number of health professional shortage areas which the Secretary estimates will be designated in the subsequent year;*
- (2) the number of applications filed under section 333 in such year for assignment of Corps members and the action taken on each such application;*
- (3) the number and types of Corps members assigned in such year to health professional shortage areas, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps;*
- (4) the recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year;*
- (5) the number of patients seen and the number of patient visits recorded during such year with respect to each health professional shortage area to which a Corps member was assigned during such year;*
- (6) the number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in health professional shortage areas after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election;*
- (7) the results of evaluations and determinations made under section 333(a)(1)(D) during such year; and*
- (8) the amount charged during such year for health services provided by Corps members, the amount which was collected in such year by entities in accordance with section 334, and the amount which was paid to the Secretary in such year under such agreements.”<sup>8</sup>*

This report includes updates and fiscal year (FY) data<sup>9</sup> on each of these requirements and related National Health Service Corps (NHSC) program activities and initiatives and discusses how these activities and initiatives align with the mission of the program.

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<sup>7</sup> Data provided in this report are FY data reported in accordance with how Congress appropriates funds to the NHSC.

<sup>8</sup> The Health Care Safety Net Amendments of 2002 amended section 334 of the PHS Act (42 U.S.C. § 254g) to eliminate the requirement that entities receiving NHSC assignees reimburse the agency for health services provided by those Corps members. Therefore, reporting element #8 is no longer relevant.

<sup>9</sup> The Bureau of Health Workforce Management Information System Solution collects NHSC Program data. It is an IT system that replaced and/or retired several legacy systems that contained information collected from individual scholarship and loan repayment applications, recruitment and retention assistance applications, and monitoring data from individual sites. HRSA also collects State LRP data at the grantee level and reports them to Bureau of Health Workforce Program Officers.



## II. Introduction

The Bureau of Health Workforce within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services manages the NHSC program. The Emergency Health Personnel Amendments Act of 1972 (P.L. 92-585) established the NHSC program. Congress has amended and reauthorized the Emergency Health Personnel Amendments Act several times in the 50 ensuing years. The American Rescue Plan Act of 2021 (ARP Act) authorized and appropriated \$800 million to the NHSC, \$100 million of which is dedicated to the State Loan Repayment Program (LRP),<sup>10</sup> and in FY 2022, Congress appropriated \$413.9 million in mandatory and discretionary funding to the NHSC.<sup>11</sup>

In FY 2021, the NHSC field strength was 19,984 clinicians, the highest in program history. In FY 2022, the NHSC field strength saw another historic increase due to the ARP Act funding: 20,215 clinicians. The field strength, the program's highest ever, includes clinicians recruited through the NHSC Scholarship Program (SP), the NHSC LRP, the NHSC Students to Service Loan Repayment Program (S2S LRP), the NHSC Substance Use Disorder (SUD) Workforce LRP, the NHSC Rural Community LRP, and the State LRP who are currently fulfilling their service commitments.

There continues to be tremendous applicant interest in these programs and HRSA has maintained its robust online and in-person recruitment activities. In FY 2022, the NHSC SP, the NHSC LRP, the NHSC S2S LRP, the NHSC SUD Workforce LRP, and the NHSC Rural Community LRP received 13,211 applications for new and continuation awards. Among other strategies, HRSA used social networking, collaboration with stakeholders, and online visibility to recruit eligible NHSC applicants. HRSA used both online and in-person recruitment resources to support health professionals and health centers. HRSA exhibited at four virtual conferences and nine in-person conferences; posted advertisements in three conference programs; and engaged in 25 outreach activities with academic institutions. HRSA also hosted three virtual job fairs which included more than 60 participating sites representing 45 states and territories; this resulted in over 2,500 newly created user profiles and over 3,500 new job opportunities posted on the HRSA Health Workforce Connector.<sup>12</sup>

An important measure of the NHSC's success is the retention of NHSC clinicians who continue to provide services to the underserved after fulfilling their NHSC commitments. In FY 2019, HRSA began using the newly developed Clinician Dashboard to calculate the retention rate for NHSC providers, using National Provider Identifier numbers from the Centers for Medicare & Medicaid Services in conjunction with other data sources to assist in determining the current practice locations of NHSC alumni. HRSA annually tracks short-term retention (Corps members

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<sup>10</sup> The new 3-year State LRP grant cycle funded by the \$100 million in dedicated appropriations in the ARP Act made its first grant awards in FY 2022. This program includes two significant flexibilities derived from that Act: the dollar-for-dollar federal-state match is not required and up to 10 percent of the federal grant funds may be used to administer the program at the state level.

<sup>11</sup> The NHSC is a sequestered program; as part of the across-the-board reductions in federal agency budgets triggered when action was not taken to reduce the federal deficit as required under the Budget Control Act of 2011, sequestration here distinguishes the authorization of mandatory appropriations for the NHSC from the actual mandatory funding level made available to the NHSC in FY 2022 for program administration and awards.

<sup>12</sup> The HRSA Health Workforce Connector is a searchable database of open job opportunities and information on NHSC-approved sites; see <https://connector.hrsa.gov/connector/>.

who complete their service obligations and remain in a health professional shortage area (HPSA) for up to 2 years post-service) as well as long-term retention (Corps members who continue to provide care in underserved areas longer than 2 years after completing their NHSC service obligations). The Dashboard shows approximately 86 percent of those who fulfilled their NHSC commitments during FY 2020 remained in service in underserved communities 2 years after their commitments ended. Further, 87 percent of those who fulfilled their service commitments between 2012 and 2021 are either still working in a HPSA or have remained in the community where they served, even if it no longer qualifies as a HPSA (an alumni clinician measure referred to as “community retention”).<sup>13</sup>

### III. Overview

In FY 2022, the NHSC made 1,199 new and 25 continuation scholarship awards, as well as 5,229 new and 2,476 continuation loan repayment awards. Additionally, HRSA expanded eligibility for the S2S LRP to include advanced practice registered nurses. Overall, the NHSC made 368 new S2S LRP awards.

Beginning with FY 2018 and annually through FY 2022, appropriations acts have provided funding to the NHSC for the express purpose of expanding and improving access to quality opioid use disorder (OUD) and SUD treatment in rural and underserved areas nationwide. HRSA continues to use these funds through the implementation of the following programs and activities:

***NHSC SUD Workforce LRP:*** The primary purpose of this funding is to expand the availability of SUD treatment providers providing outpatient services at specified sites, including OUD treatment programs, office-based OUD treatment facilities, and non-opioid outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment to reduce their educational financial debt in exchange for a service commitment to work at SUD treatment facilities.

In FY 2022, SUD providers included:

- Physicians (allopathic and osteopathic physicians), nurse practitioners, and physician assistants with Drug Addiction Treatment Act (DATA) 2000 Waivers;
- Licensed or certified health professionals providing SUD services; and
- Licensed primary care and behavioral health professionals.

***NHSC Rural Community LRP:*** A portion of the annual appropriations noted above provided funding for the NHSC Rural Community LRP, which is a program for providers working to combat the opioid epidemic in the nation’s rural communities. The NHSC Rural Community LRP first made loan repayment awards in FY 2019 in coordination with HRSA’s Rural Communities Opioid Response Program initiative to provide evidence-based substance use treatment, assist in recovery, and prevent overdose deaths across the nation.

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<sup>13</sup> For more detailed information regarding NHSC field strength data in the public domain, see <https://data.hrsa.gov/topics/health-workforce/field-strength> and also <https://data.hrsa.gov/data/download>.

**NHSC and Indian Health Service (IHS):** Appropriations acts for 2019 through 2022 have included an annual set-aside of approximately \$15 million to support awards under the NHSC loan repayment programs to fully-trained medical, nursing, dental, behavioral/mental health clinicians, and SUD providers delivering health care services in IHS, tribal,<sup>11</sup> and urban Indian organizations (collectively known as ITUs). Federal IHS clinics, Tribal Health clinics, urban Indian organizations, and dually funded Tribal Health clinics/community health centers are automatically HPSA-designated.

**NHSC State LRP:** The State LRP provides grant funding for states and territories to operate their own loan repayment programs; each state and territory can design programs that address the most pressing health care needs of their residents. Primary medical, behavioral, and dental clinicians who receive awards through State LRP-funded programs pay off student debt in exchange for working in areas with provider shortages. In FY 2022, HRSA made 3-year State LRP grant awards using the \$100 million in dedicated appropriations in the ARP Act. The Act provided greater flexibilities for recipients in that it did not require the typical dollar-for-dollar federal-state match, and it allowed up to 10 percent of the federal grant funds to be used to administer the program at the state level.

## **IV. Report Requirements**

### **Requirement #1: The number, identity, and priority of all HPSAs designated in such year and the number of HPSAs which the Secretary estimates will be designated in the subsequent year.**

As part of HRSA's cooperative agreement with state Primary Care Offices (PCO), the state PCOs assess needs in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. Communities or facilities that would like HRSA to designate them as a geographic, population, or facility HPSA may submit data to their state PCO. HRSA reviews the HPSA applications submitted by the state PCOs, and if they meet the designation eligibility criteria for the type of HPSA requested in the application, HRSA designates a HPSA. The designation process includes both the analysis of the data submitted with each new request and the review of previously designated HPSAs. Additionally, there is a permanent automatic designation in statute of certain facility HPSAs (e.g., Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, and those rural health clinics that provide services regardless of ability to pay).<sup>14</sup> HRSA determines the priority of a HPSA by assigning a numerical score based on a calculation weighing a number of factors of need including physician-to-population ratio, infant mortality, access to health services, health status, and the ability to pay for health services. While HRSA created the HPSA designation for the placement of NHSC clinicians, more than 30 federal and state agencies and programs currently use the HPSA designation for resource allocation. HRSA is required to publish updated lists of designated HPSAs annually in the *Federal Register* by July 1 of each calendar year.<sup>15</sup>

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<sup>14</sup> The Health Care Safety Net Amendments of 2002 established the automatic facility HPSA designation for these facilities for a period of 6 years; the Health Care Safety Net Act of 2008 made the automatic facility designation permanent.

<sup>15</sup> HRSA maintains an online database (updated daily) of designated HPSAs and their HPSA scores (<http://hpsafind.hrsa.gov>).

As of September 30, 2022, there were 8,160 Primary Care HPSAs, 7,192 Dental Health HPSAs, and 6,464 Mental Health HPSAs. Overall, the number of HPSAs increased by 8.1 percent from FY 2021. In consideration of the COVID-19 pandemic's impact on the health workforce, HRSA did not withdraw HPSAs placed in a "proposed for withdrawal" status during FY 2022 to provide state PCOs additional time to work with local communities and HRSA to submit designation information and prepare for potential changes in workforce. HRSA issued a final *Federal Register* notice in January 2024 to officially withdraw any HPSAs still in a "proposed for withdrawal" status.

All HPSAs proposed for withdrawal remain designated until HRSA publishes the annual *Federal Register* notice of designated HPSAs that excludes them. State PCOs may submit new, updated, or reinstatement designation applications based on up-to-date data to replace HPSA designations currently proposed for withdrawal at any time.

As of September 2022, HRSA received 789 designation applications during the year from state PCOs, many of which were to update or create new HPSAs in areas where old HPSAs no longer met the designation criteria. HRSA approved many of these applications and continues to work to review and approve the remaining designation applications that qualify.

## **Requirement #2: The number of site applications filed under section 333 of the PHS Act in such year for assignment of Corps members and the action taken on each such application.**

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement 7** for a description of the evaluation process). The NHSC determines eligibility based on the following:

- Continued need for health professionals in the area;
- Appropriate and efficient use of NHSC members previously assigned to the entity;
- Support by the community for the assignment of an NHSC member to that entity;
- Unsuccessful efforts by the facility to recruit health professionals from other sources;
- Reasonable prospect of sound financial management by the entity; and
- Willingness of the entity to support or facilitate mentorship, professional development, and training opportunities for Corps members.

Specific requirements for participation as an NHSC-approved site include providing health services in or to a designated HPSA; providing comprehensive primary care services; providing services on a free or reduced fee schedule basis to individuals at or below 200 percent of the federal poverty level; and accepting patients covered by Medicare, Medicaid, and the Children's Health Insurance Program. More information on site eligibility is available on the NHSC website (<http://www.nhsc.hrsa.gov/sites/index.html>).

During FY 2022, the NHSC opened a New Site Application Cycle on March 15, 2022, and opened a Site Recertification Application Cycle on August 16, 2022. In addition, the NHSC accepted streamlined applications from facilities classified as NHSC auto-approved sites (e.g.,

FQHCs and IHS sites) throughout FY 2022. The cumulative number of NHSC site applications, including NHSC auto-approved sites, submitted during FY 2022 was 2,990, with 2,294 approved and 696 disapproved. As of September 30, 2022, there were a total of 20,970 NHSC-approved sites across all the programs.

**Requirement #3: The number and types of Corps members assigned in such year to HPSAs, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps.**

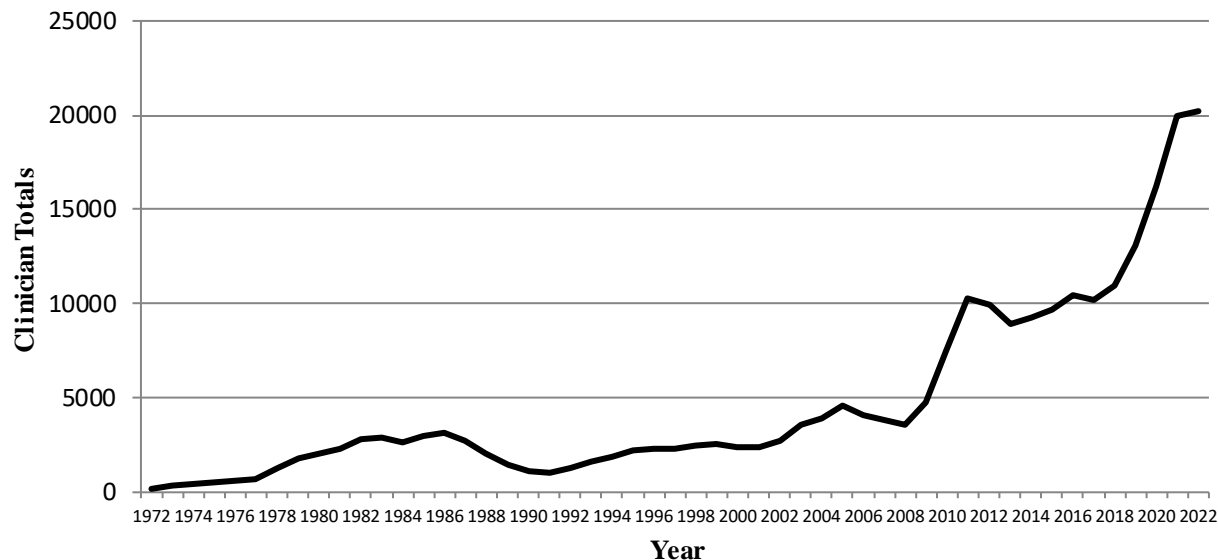
The 20,215 clinicians in the FY 2022 NHSC field strength represent the largest cohort of NHSC providers in the program’s history (see **Appendix A** for distribution of NHSC clinicians by discipline and program for FY 2022). The NHSC recruits clinicians through the NHSC SP and LRP, the S2S LRP, the SUD Workforce LRP, and the Rural Community LRP. Though NHSC clinicians who have chosen the Private Practice Option provided under section 338D of the PHS Act (42 U.S.C. § 254n) and participants in the State LRP are not considered to be “Corps members,”<sup>16</sup> the yearly NHSC field strength calculation includes them, respectively, as Private Practice Option clinicians and State LRP participants who have been supported by NHSC funds. The field strength in FY 2022 includes participants who began service in that year, as well as those whose service began in previous years and are still fulfilling a service commitment to the NHSC, either through an initial contract or a continuation contract.

NHSC clinicians who have fulfilled their service commitment and remain in service to the underserved (see **Requirement 6**) are not included in the field strength calculation. Figure 1 illustrates the history of the NHSC field strength from FY 1972 through FY 2022.

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<sup>16</sup> “Corps members” is defined in 42 U.S.C. § 254d(3)(B) and has certain guarantees under the law (e.g., members may work half-time to fulfill their service requirement, while non-members (i.e., Private Practice Option) cannot). Awardees through the State LRP have contracts with states, not the Secretary, and they are not members of the Corps. Both members and non-members are included in the field strength, as noted above, because they are federally funded.

**Figure 1: NHSC Field Strength, FY 1972 – 2022**



The NHSC estimates that the FY 2023 field strength will be approximately 14,090 clinicians. The projected reduction in relation to the FY 2022 field strength reflects the exhaustion of funding provided by the ARP Act and available funding in FY 2023 will be insufficient to make enough new awards to maintain the NHSC field strength at previous years' levels. To preserve continuity of services in underserved communities, the NHSC uses its resources to award current participants continuation contracts prior to awarding contracts to new participants. The significant increase in demand for continuation contracts for providers who received ARP-funded awards will reduce the remaining amount available to make new awards and will result in a decrease in the NHSC field strength in FY 2023.

Ensuring greater diversity of the health care workforce is essential for increasing access to culturally competent care for all patients, improving opportunities and representation of all groups within the health professions, and meeting the overall needs of our diverse population, particularly in the most underserved areas.<sup>17</sup> Many racial and ethnic minority groups are underrepresented nationally within the major health professions,<sup>18</sup> and the NHSC continues to work to bolster clinician diversity. As a result of these efforts, in FY 2022, the percentage of racial and ethnic minority providers in the traditional NHSC LRP and SP exceeded the percentage of racial and ethnic minority providers in the national health care workforce, as shown in the following instances:

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<sup>17</sup> Cohen JJ, Gabriel BA, Terrell C. The case for diversity in the health care workforce. *Health Aff (Millwood)*. 2002 Sep-Oct; 21(5): 90-102 (<https://www.healthaffairs.org/doi/10.1377/hlthaff.21.5.90>).

<sup>18</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015). Rockville, Maryland; 2017 (<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations-technical.pdf>).



## Primary Care Providers

- Black or African American physicians represented 15.6 percent of the NHSC LRP and SP participants, as compared to the 5.7 percent of Black or African American physicians in the national physician workforce.<sup>19</sup>
- Hispanic or Latino physicians represented 15.8 percent of the NHSC LRP and SP participants, as compared to the 6.9 percent of Hispanic or Latino physicians in the national physician workforce.<sup>20</sup>
- American Indian and Alaska Native physicians represented 1.8 percent of the NHSC LRP and SP participants, as compared to the 0.3 percent of American Indian and Alaska Native physicians in the national physician workforce.<sup>21</sup>
- Black or African American nurse practitioners represented 15.4 percent of the NHSC LRP and SP participants, as compared to the 10 percent of Black or African American nurse practitioners in the national nurse practitioner workforce.<sup>22</sup>
- Hispanic or Latino nurse practitioners represented 9.2 percent of the NHSC LRP and SP participants, as compared to the 6.7 percent of Hispanic or Latino nurse practitioners in the national nurse practitioner workforce.<sup>23</sup>

## Behavioral Health Providers

- Asian health services psychologists represented 6.7 percent of the NHSC LRP participants, as compared to the 3.2 percent of Asian health services psychologists in the U.S. health care workforce of health services psychologists.<sup>24</sup>
- Hispanic or Latino health services psychologists represented 21.6 percent of the NHSC LRP participants, as compared to the 8.1 percent of Hispanic or Latino health services psychologists in the U.S. health care workforce of health services psychologists.<sup>25</sup>
- Hispanic or Latino licensed clinical social workers represented 16.4 percent of the NHSC LRP participants, as compared to the 13.4 percent of Hispanic or Latino licensed clinical social workers in the U.S. health care workforce of licensed clinical social workers.<sup>26</sup>

## Oral Health Providers

- Black or African American dentists represented 12.9 percent of the NHSC LRP and SP participants, as compared to the 7.7 percent of Black or African American dentists in the U.S. health care workforce of dentists.<sup>27</sup>
- Hispanic or Latino dental hygienists represented 20.2 percent of the NHSC LRP participants, as compared to the 12.7 percent of Hispanic or Latino dental hygienists in the U.S. health care workforce of dental hygienists.<sup>28</sup>

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<sup>19</sup> Association of American Medical Colleges, Physician Specialty Data Report, 2022 (<https://www.aamc.org/data-reports/workforce/report/physician-specialty-data-report>).

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*

<sup>22</sup> U.S. Department of Labor, Bureau of Labor Statistics Labor Force Characteristics by Race and Ethnicity, 2021, January 2023, Report 1100 (<https://www.bls.gov/opub/reports/race-and-ethnicity/2021/home.htm>).

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*

<sup>28</sup> *Ibid.*

Based on self-reports, of the 3,493 NHSC scholars (i.e., those in school, pursuing post-graduate training, or awaiting placement in an NHSC-approved service site), 22.3 percent are Black or African American, 17.2 percent are Asian or Pacific Islander, and 2.1 percent are American Indian or Alaska Native. Moreover, 14.7 percent of NHSC scholars self-reported as Hispanic or Latino. Black or African American and American Indian and Alaska Native NHSC scholars exceeded national student enrollment averages in dentistry,<sup>29</sup> medicine,<sup>30</sup> physician assistant,<sup>31</sup> and nursing disciplines,<sup>32</sup> while Hispanic or Latino NHSC scholars exceeded student enrollment averages in dentistry, representing 13.1 percent of the Corps' dental participants, while comprising 10.3 percent of the national student enrollment.<sup>33</sup>

#### **Requirement #4: The recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year.**

With increased funding from the ARP Act, HRSA's efforts to market and promote all NHSC programs expanded to add several new engagement tools to include outreach to more diverse audiences. Using campaign metrics from social media, web traffic, digital channels, and email/e-blast data, NHSC communications methods continue to adapt and improve while using best practices and focusing on data-driven results to inform effective outreach and recruitment activities.

#### ***NHSC Communications Strategy***

The NHSC continues to expand its outreach strategy by partnering and collaborating with NHSC alumni, other federal agencies, medical, dental, nursing, and other health professional associations and organizations, academic institutions, and external state and regional partners.

The NHSC uses earned media, both organic and paid social media, print media, and digital media to amplify messages regarding the recruitment and retention of qualified providers. Through targeted messaging and engaging imagery, the NHSC has effectively used its available resources to reach a broader audience of potential applicants, promote the program to health professions students, and gain additional stakeholder and partner support to extend the NHSC's message. The result is sustained interest among potential applicants in NHSC programs and an increase in NHSC-approved health care sites and treatment facilities.

#### ***NHSC Stakeholder Engagement and Conferences/Exhibits***

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<sup>29</sup> American Dental Association Health Policy Institute, Commission on Dental Accreditation Surveys of Dental Education, 2022 ([2021-22 Survey of Dental Education - Report 1 - Academic Programs, Enrollment, and Graduates](#)).

<sup>30</sup> Association of American Medical Colleges, Total U.S. Medical School Enrollment by Race/Ethnicity (Alone) and Gender, 2018-2019 through 2022-2023 (<https://www.aamc.org/media/6116/download?attachment>).

<sup>31</sup> 35<sup>th</sup> Physician Assistant Education Association Annual Report, 2019 (<https://paeaonline.org/wp-content/uploads/2020/11/program-report35-20201014.pdf>).

<sup>32</sup> American Association of Colleges of Nursing, 2021 (<https://www.aacnnursing.org/Portals/42/News/Surveys-Data/Race-and-Ethnicity-of-Students-Nursing-Programs.pdf>).

<sup>33</sup> See footnote 30.



In FY 2022, the NHSC engaged stakeholders and promoted its scholarship and loan repayment programs through webinars, conference calls, social media, e-blasts (mass distribution emails), presentations, and exhibits at four virtual conferences, nine in-person conferences, and advertisements in three conference programs. By fostering relationships with national health organizations, professional associations, academic institutions, and state PCOs, the NHSC expanded its reach to larger and more diverse audiences including health professions students, clinicians, faculty, school administrators, and sites serving underrepresented racial and ethnic minorities and rural communities.

In addition to professional and student associations, HRSA promoted NHSC program opportunities to students and faculty through regional outreach. HRSA participated in 25 outreach activities with academic institutions in FY 2022, engaging with medical, dental, nursing, and behavioral and mental health students. Large-scale communications/e-blasts were sent to over 19,000 professional and academic institutions promoting the NHSC's various opportunities throughout the year.

HRSA and IHS worked together to promote NHSC programs as recruitment tools to fill health professional vacancies at sites serving tribal communities. ITUs that exclusively serve tribal members can qualify as NHSC sites and extend their ability to recruit and retain primary care providers by using NHSC scholarship and loan repayment incentives. HRSA's 10 regional offices worked with ITUs and offered assistance in completing site profiles and posting vacancies on the Health Workforce Connector. HRSA worked with ITUs to verify current HPSA scores, enabling those sites to be competitive in recruiting NHSC scholars and loan repayment participants.

As of 2022, 998 ITUs were NHSC-approved and 1,092 clinicians from those sites were in an NHSC commitment. Maintaining nearly 1,100 NHSC clinicians serving at ITUs is due in part to the \$15.6 million congressional set-aside in the NHSC's FY 2022 discretionary appropriation for applicants serving in ITUs.

### ***NHSC Recruitment Resources***

HRSA's Virtual Job Fairs and the Health Workforce Connector offer platforms to link large numbers of career-seeking clinicians with job opportunities at NHSC-approved sites. While HRSA intends these recruitment tools for the NHSC and other HRSA-supported health care provider recruitment and retention programs, prospective program participants and career-seeking health professionals alike can access these free, public-facing resources.

HRSA held three Virtual Job Fairs in 2022: June 29, 2022, September 23, 2022, and November 16, 2022. These events promoted over 8,600 job opportunities to more than 2,300 registered job-seeking health care professionals. The job fair events and promotions contributed to over 2,500 newly created user profiles and over 3,500 new job opportunities posted on the Health Workforce Connector. The combined job fairs hosted in 2022 included more than 60 participating sites representing 45 states and territories.

## ***NHSC Recruitment Activities***

To inform its recruitment strategy and ensure successful outcomes, the NHSC obtains data via application submissions and receives program feedback through digital content engagement metrics and anecdotal information collected for analysis. HRSA then uses this data to develop comprehensive communications plans and to direct promotional resources to where they are most effective. This ongoing, data-driven process has resulted in an increase of qualified applicants across most NHSC programs, increased eligible application award pools, and introduced NHSC programs to new providers and health professional students, resulting in an expanded applicant pool.

As part of a larger outreach strategy, HRSA regularly updates NHSC web content to ensure relevance and accuracy for visitors to the NHSC's website. Using real-time metrics and analyzing customer data to inform content revisions and updates, the site provides information in a way that visitors can easily access and use, as evidenced by a bounce rate that continues to be rated excellent by industry standards. In FY 2022, the website had more than 1.4 million visits and more than 3.6 million page views. The most visited pages continue to be the NHSC LRP page, the NHSC.hrsa.gov home page, and the main loan repayment page for the three loan repayment programs for working health professionals.

NHSC program expansion has continued to increase patient access to qualified SUD providers. The NHSC aligns its recruitment activities with guidance from the Department of Health and Human Services' Overdose Prevention Strategy,<sup>34</sup> a complement to the Administration's National Drug Control Strategy, as well as the Administration's national strategy on mental health.<sup>35</sup> Adding to its focused communications campaigns during program application cycles, NHSC recruitment efforts now include pre-launch messaging targeting qualified, eligible applicants to the NHSC SUD Workforce LRP and NHSC Rural Community LRP.<sup>36</sup> In FY 2022, the NHSC continued to partner with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers Clinical Support System, to connect eligible NHSC clinicians and potential applicants with information regarding free training on medications for OUD treatment training. As a result, in FY 2022, 1,944 NHSC clinicians reported having a DATA 2000 or X-waiver (permits physicians to prescribe buprenorphine for OUD treatment after training), an increase of more than 136.5 percent over the 822 trained clinicians who reported in FY 2021.

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<sup>34</sup> HHS' Overdose Prevention Strategy (October 2021) is guided by four principles and anchored by groundbreaking research and evidence-informed methods to improve the health of communities; see <https://www.hhs.gov/overdose-prevention/>.

<sup>35</sup> FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union (March 2022) (<https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/>).

<sup>36</sup> In FY 2022, Tier 1 applicants to the NHSC SUD Workforce LRP are defined as clinicians who are SUD professionals with SUD licensure/certification or a DATA 2000 Waiver and employed in either a SAMHSA-certified OUD treatment program or an office-based OUD treatment facility. Tier 2 applicants to the NHSC Rural Community LRP in FY 2022 are those not serving at a Rural Communities Opioid Response Program Consortium Member facility but who have a DATA 2000 Waiver and are working in a SAMHSA-certified OUD treatment program or at an office-based OUD treatment facility (<https://www.hrsa.gov/rural-health/rcorp>).

To support the Biden-Harris Administration’s focus on addressing the nation’s growing mental health crisis, the NHSC recruited the largest number of behavioral health providers in the program’s history—9,610 current participants.

HRSA continues to employ successful traditional recruitment strategies, including strong organic social media campaigns, and paid and earned media such as radio media tours and mat releases. New marketing tactics in FY 2022 included creating new video content featuring the historical impact and current benefits of NHSC participation, and engaging NHSC alumni and currently approved sites to amplify application cycle messages and promote NHSC programs year-round. Combined, these strategies yielded more than 250 million impressions (the number of users who either saw or heard NHSC-generated content) and thousands of engagements (e.g., clicks, shares, reposts, and retweets).

In addition to provider recruitment, the FY 2022 outreach campaign sought to recruit eligible health centers and SUD treatment facilities. These efforts resulted in more than 2,200 new sites becoming NHSC-approved (a decrease of 4 percent over FY 2021 new site approval numbers). In FY 2022, HRSA also implemented an evergreen site recruitment campaign for facilities classified as NHSC auto-approved (e.g., FQHCs and IHS sites). This resulted in 537 new NHSC auto-approved sites (23.4 percent of all new sites recruited). New sites are vital to the NHSC’s ability to widely distribute a qualified, diverse health workforce and to increase access to quality health care across the nation.

The NHSC conducted direct email outreach to potential program applicants to announce the opening of the FY 2022 NHSC application cycles via GovDelivery. The current GovDelivery opt-in email lists for NHSC programs include more than 1,095,000 recipients. HRSA sent e-blasts to targeted distribution lists that included prospective applicants, academic institutions, and NHSC partners including NHSC alumni, the National Advisory Council on the NHSC, professional associations, NHSC sites, program participants, and state PCOs. As summarized in the table below, these efforts resulted in more than 2,500 applications to the NHSC SP and more than 9,800 new applications to the NHSC LRP Programs (including the NHSC SUD Workforce LRP and the NHSC Rural Community LRP).

**Table 1: Eligible<sup>37</sup> Applications and New Awards, FY 2022**

<i>Program</i>	<i>Applications</i>	<i>New Awards</i>
<i>NHSC SP</i>	2,568	1,199
<i>NHSC LRPs</i>	9,842	7,705
<i>S2S LRP</i>	579	368

<sup>37</sup> Eligible NHSC SP and LRP applicants are determined via automated screening to have met basic NHSC program participation requirements. A second round of individualized screening determines whether eligible applicants are qualified; qualified applicants meet statutory requirements to participate in the NHSC program to which they have applied. In FY 2022, as in FY 2021, all qualified NHSC SP and LRP applicants received awards.

**Requirement #5: The number of patients seen and the number of patient visits recorded during such year with respect to each HPSA to which a Corps member was assigned during such year.**

In aggregate, NHSC clinicians serving in FY 2022 saw approximately 21 million patients and generated 84 million patient visits. The NHSC estimates that primary care clinicians in the field saw 9 million patients and generated 36 million patient visits. The NHSC's dental health clinicians saw an estimated 2 million patients and generated 8 million patient visits, and behavioral and mental health clinicians saw approximately 10 million patients and generated 40 million patient visits.

**Requirement #6: The number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in HPSAs after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election.**

The NHSC continues to monitor the retention rates of NHSC scholars and loan repayment participants who are providing services to the underserved beyond the fulfillment of their service commitment. Retained clinicians are those who provide care in a designated HPSA after their service obligation ends, even if the community where they served no longer qualifies as a HPSA.

***Short-Term Retention***

HRSA uses the Clinician Dashboard (<https://data.hrsa.gov/topics/health-workforce/clinician-dashboards>) to calculate the retention rate for NHSC providers. The Clinician Dashboard uses National Provider Identifier numbers from the Centers for Medicare & Medicaid Services in conjunction with other data sources to assist in determining the current practice locations of providers who previously served in the NHSC. It allows HRSA to calculate more accurate retention rates independent of survey response rates. HRSA estimates the 1-year short-term retention rate among respondents who completed their NHSC service commitment in FY 2021 to be 84 percent.

The data sources that contribute to the retention calculations do not include a narrative describing the experiences that NHSC providers have at their sites while completing their service obligations. Historically, the most common reasons given by participants for not remaining at their NHSC-approved site following their service commitment were financial considerations and site operations.<sup>38</sup>

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<sup>38</sup> HRSA last conducted the National Health Service Corps Participant Satisfaction Survey in 2019.

## ***Long-Term Retention***

The Clinician Dashboard also collects data that enable the NHSC to measure the long-term retention of NHSC clinicians. While the number of clinicians tracked for the NHSC's short-term retention metric is a subset of the total number of clinicians who completed service within the prior fiscal year, the NHSC clinician long-term retention metric measures retention across the full dataset of all NHSC alumni tracked for 10 service completion years. The data show that 87 percent of those who fulfilled their service commitments between 2012 and 2021 (of 22,812 clinicians tracked) are either still in a HPSA or have remained in the same community where they served, even if it no longer qualifies as a HPSA.

## **Requirement #7: The results of evaluations and determinations made under section 333(a)(1)(D) during such year.**

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement 2** above for eligibility requirements and the number of applications received and their disposition). HRSA determines an entity's compliance with section 333(a)(1)(D) of the PHS Act through a three-step process to become an NHSC site.

The first step verifies whether the geographic area, the population group served by the site, or the site itself is designated as a HPSA. As noted in **Requirement 1** above, designation of a HPSA involves the evaluation of several factors and data, including the continued need for health professionals in a geographic area. Generally, the need and demand for health professionals is documented by the ratio of available health professionals to the number of individuals in the area (see 42 C.F.R. Part 5).

The second step reviews whether the area, population group, or facility is a HPSA of greatest need. HRSA analyzes and scores indicators to determine which HPSAs are in greatest need with measures of need for primary care, dental, and mental health services such as:

- Ratio of health providers to individuals in the area;
- Rate of low birthweight births;
- Rate of infant mortality;
- Rate of poverty;
- Accessibility of primary health care services (travel time or distance);
- Presence of fluoridated water;
- Ratios of population under 18 and over 65; and
- Prevalence of SUD or alcohol abuse.

HPSA scores range from 0 to 25 for primary care and mental health and 0 to 26 for dental health; higher scores indicate greater need. Additionally, the NHSC will recognize MCTA scores as a subset of designated primary care HPSAs to determine the greatest need for maternity health professionals in FY 2023. NHSC-approved sites will receive a MCTA score ranging from 0 to 25. Certain types of facilities, including FQHCs and rural health clinics providing access to care regardless of ability to pay, receive automatic facility HPSA designation.

Third, for an application to be accepted, the submitting entity must meet all the following requirements:

- Be part of a system of care;
- Have a documented record of sound fiscal management;
- Verify appropriate and efficient use of current and former NHSC personnel;
- Be accessible to individuals regardless of their ability to pay;
- Accept Medicaid, Medicare, and Children’s Health Insurance Program beneficiaries;
- Maintain a sliding discount fee schedule; and
- Have general community support for the assignment of an NHSC member to that entity.

The NHSC offers NHSC recruitment and retention assistance to all facilities that apply and meet the above requirements. Upon approval of their application, facilities post vacancies on the Health Workforce Connector as they occur. The NHSC lists vacancies on the Health Workforce Connector, which includes primary care, dental health, and behavioral and mental health provider vacancies in designated HPSAs, as well as information related to the services provided and populations served by NHSC-approved sites. The Health Workforce Connector is located at <https://connector.hrsa.gov/connector>. Vacancies for NHSC-approved sites are also posted to NHSC social media channels throughout the year.

## **V. Conclusion**

The achievements of the NHSC in FY 2022 reflect increased promotion and outreach by the program and greater collaboration with partners, all of which was made possible by the enhanced resources provided to the NHSC. This new funding allowed the NHSC to achieve its largest field strength level to date (20,215) for the second year in a row and serve the health care needs of approximately 21 million patients across the United States. Moreover, the NHSC is working to expand the health workforce ready to serve the communities with greatest needs and supported a record number of NHSC scholarships.

With the full dedication of its remaining ARP Act funding, the NHSC will use its mandatory appropriation in FY 2023 first to meet the significant increase in demand for continuation contracts for providers who received ARP-funded awards in FY 2022, and then to make new awards. HRSA anticipates the program’s limited available resources for new awards will result in a decrease in the NHSC field strength in FY 2023.

NHSC will continue to focus on ensuring that NHSC providers are serving in high-need HPSAs and leveraging the existing statutory authority to encourage individuals to pursue a career in primary care. These efforts, and fostering collaborative partnerships, will allow the NHSC to continue to address the nationwide shortage of health care providers in underserved communities.

## Appendix A: National Health Service Corps FY 2022 Field Strength

National Health Service Corps – Overall Field Strength (as of 9/30/2022; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SUD LRP Total	NHSC RC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	253	80	12	25	5	0	131	90	163	39	214
AL	114	88	10	5	5	6	0	85	29	78	36
AR	228	198	11	17	0	2	0	87	141	118	110
AS	2	0	1	1	0	0	0	0	2	1	1
AZ	783	422	74	103	33	20	131	504	279	369	414
CA	1,733	1,224	120	45	94	96	154	1,465	268	1,290	443
CO	497	256	87	43	16	7	88	358	139	293	204
CT	489	309	156	12	9	3	0	452	37	279	210
DC	183	90	15	0	14	10	54	183	0	133	50
DE	52	25	12	3	4	2	6	36	16	28	24
FL	691	511	106	11	35	28	0	588	103	414	277
GA	407	304	37	29	22	11	4	252	155	216	191
GU	5	1	2	1	0	1	0	0	5	1	4
HI	133	83	12	5	6	3	24	76	57	98	35
IA	269	159	33	45	5	7	20	69	200	115	154
ID	296	188	62	22	3	5	16	182	114	120	176
IL	920	607	116	38	40	24	95	678	242	615	305
IN	336	223	60	21	14	4	14	240	96	216	120
KS	206	102	26	46	4	4	24	47	159	110	96
KY	454	251	52	92	7	5	47	94	360	252	202
LA	295	193	36	17	6	7	36	209	86	203	92
MA	426	195	117	4	14	14	82	402	24	360	66
MD	374	241	74	14	7	12	26	311	63	178	196
ME	165	65	45	36	5	2	12	49	116	109	56
MI	742	394	85	59	19	17	168	384	358	359	383
MN	435	285	75	57	6	6	6	208	227	82	353
MO	737	481	86	58	22	29	61	379	358	317	420
MP	18	6	0	1	0	1	10	1	17	0	18
MS	122	97	5	17	2	1	0	44	78	58	64
MT	256	149	26	49	7	9	16	56	200	96	160
NC	511	316	86	41	36	28	4	224	287	273	238
ND	123	34	23	20	2	1	43	43	80	28	95
NE	156	62	33	25	0	4	32	71	85	62	94
NH	42	16	10	15	1	0	0	15	27	28	14
NJ	121	72	32	1	3	2	11	110	11	110	11
NM	363	172	43	102	15	16	15	144	219	151	212
NV	160	53	30	12	5	1	59	96	64	60	100
NY	1,497	976	278	64	36	36	107	1,198	299	651	846
OH	602	336	118	80	12	14	42	363	239	452	150
OK	511	329	73	105	2	2	0	171	340	128	383
OR	473	252	113	60	14	17	17	257	216	289	184
PA	482	276	65	14	25	16	86	347	135	336	146
PR	137	64	62	11	0	0	0	117	20	130	7
RI	170	61	41	0	1	2	65	170	0	150	20
SC	208	151	27	19	8	3	0	110	98	161	47
SD	115	72	15	25	3	0	0	21	94	33	82
TN	282	129	23	16	16	7	91	166	116	186	96
TX	582	448	70	15	19	25	5	456	126	377	205
UT	246	108	60	21	5	3	49	171	75	66	180
VA	338	175	38	34	16	8	67	185	153	203	135
VI	10	7	1	2	0	0	0	0	10	9	1
VT	97	29	18	27	0	1	22	15	82	97	0
WA	678	404	89	39	54	31	61	491	187	466	212
WI	334	158	49	30	16	12	69	167	167	165	169
WV	276	188	32	25	6	2	23	122	154	199	77
WY	80	36	16	25	2	1	0	13	67	17	63
<b>Total</b>	<b>20,215</b>	<b>12,151</b>	<b>2,998</b>	<b>1,704</b>	<b>701</b>	<b>568</b>	<b>2,093</b>	<b>12,772</b>	<b>7,443</b>	<b>11,374</b>	<b>8,841</b>
<b>Percentage of Total Field Strength</b>		<b>60.11%</b>	<b>14.83%</b>	<b>8.43%</b>	<b>3.47%</b>	<b>2.81%</b>	<b>10.35%</b>	<b>63.18%</b>	<b>36.82%</b>	<b>56.27%</b>	<b>43.73%</b>

**National Health Service Corps – Primary Care Field Strength (as of 9/30/2022; full acronym key follows tables)**

State	Total	NHSC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	PHY	NP	PA	CNM	RN (State LRP)	PHARM (State LRP)	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	143	41	5	0	97	46	38	20	3	17	19	48	95	24	119
AL	74	67	4	3	0	18	48	7	1	0	0	53	21	51	23
AR	107	107	0	0	0	13	91	3	0	0	0	41	66	93	14
AS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AZ	407	261	27	15	104	120	193	68	13	0	13	283	124	250	157
CA	914	655	64	68	127	282	369	231	19	0	13	795	119	775	139
CO	181	107	10	3	61	65	48	52	9	0	7	141	40	137	44
CT	96	88	5	3	0	13	63	19	1	0	0	92	4	84	12
DC	99	47	13	9	30	60	26	7	6	0	0	99	0	79	20
DE	25	15	4	2	4	8	14	2	1	0	0	22	3	20	5
FL	335	291	24	20	0	99	174	48	14	0	0	270	65	236	99
GA	218	189	15	10	4	74	114	24	6	0	0	130	88	153	65
GU	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0
HI	68	39	4	3	22	25	34	7	2	0	0	39	29	45	23
IA	96	76	2	3	15	19	61	7	3	0	6	32	64	50	46
ID	89	68	2	4	15	29	26	33	0	0	1	50	39	48	41
IL	517	379	32	22	84	162	237	91	27	0	0	381	136	412	105
IN	137	116	12	3	6	28	88	14	7	0	0	109	28	113	24
KS	71	52	0	2	17	14	46	11	0	0	0	16	55	37	34
KY	195	151	5	2	37	41	131	17	1	2	3	38	157	124	71
LA	132	104	4	3	21	22	99	11	0	0	0	89	43	103	29
MA	174	106	10	11	47	43	103	20	2	0	6	159	15	158	16
MD	116	85	3	9	19	47	53	11	5	0	0	96	20	88	28
ME	49	35	1	1	12	16	25	7	1	0	0	14	35	32	17
MI	363	216	11	8	128	112	145	100	6	0	0	182	181	143	220
MN	71	67	0	3	1	17	34	17	3	0	0	27	44	30	41
MO	294	240	14	7	33	114	143	36	1	0	0	122	172	106	188
MP	14	5	0	1	8	2	0	4	1	2	5	1	13	0	14
MS	69	67	2	0	0	22	45	2	0	0	0	36	33	40	29
MT	84	66	3	4	11	21	31	28	0	4	0	15	69	31	53
NC	245	199	25	21	0	73	107	62	3	0	0	120	125	145	100
ND	59	19	1	1	38	7	28	11	0	9	4	15	44	10	49
NE	57	31	0	3	23	19	20	13	0	0	5	22	35	21	36
NH	9	8	1	0	0	1	5	3	0	0	0	3	6	8	1
NJ	46	34	1	1	10	17	23	4	2	0	0	42	4	44	2
NM	125	101	8	10	6	44	56	19	6	0	0	55	70	64	61
NV	75	25	3	1	46	16	22	22	1	6	8	37	38	38	37
NY	678	541	32	31	74	266	244	121	47	0	0	543	135	372	306
OH	206	175	6	8	17	56	134	12	4	0	0	134	72	165	41
OK	157	154	1	2	0	28	82	35	12	0	0	62	95	85	72
OR	133	97	7	14	15	55	38	36	2	0	2	61	72	89	44
PA	234	164	18	10	42	69	105	53	7	0	0	171	63	176	58
PR	20	20	0	0	0	20	0	0	0	0	0	20	0	19	1
RI	70	30	0	2	38	16	29	4	1	19	1	70	0	62	8
SC	114	107	5	2	0	31	66	14	3	0	0	63	51	95	19
SD	33	32	1	0	0	5	24	4	0	0	0	9	24	15	18
TN	150	68	14	4	64	30	97	14	4	0	5	85	65	112	38
TX	275	242	14	19	0	68	161	42	4	0	0	201	74	212	63
UT	53	48	1	1	3	17	14	19	1	1	1	33	20	29	24
VA	136	96	8	4	28	34	73	22	1	2	4	79	57	105	31
VI	7	7	0	0	0	2	1	3	1	0	0	0	7	7	0
VT	32	15	0	0	17	11	16	5	0	0	0	4	28	32	0
WA	273	178	40	17	38	100	80	73	9	3	8	200	73	225	48
WI	114	54	5	4	51	42	41	25	6	0	0	56	58	57	57
WV	147	122	3	1	21	23	77	41	3	0	3	60	87	117	30
WY	17	14	2	1	0	4	9	4	0	0	0	3	14	7	10
<b>Total</b>	<b>8,604</b>	<b>6,321</b>	<b>472</b>	<b>377</b>	<b>1,434</b>	<b>2,587</b>	<b>4,031</b>	<b>1,558</b>	<b>249</b>	<b>65</b>	<b>114</b>	<b>5,528</b>	<b>3,076</b>	<b>5,774</b>	<b>2,830</b>
<b>Percentage of Primary Care Field Strength</b>		<b>73.47%</b>	<b>5.49%</b>	<b>4.38%</b>	<b>16.67%</b>	<b>30.07%</b>	<b>46.85%</b>	<b>18.11%</b>	<b>2.89%</b>	<b>0.76%</b>	<b>1.32%</b>	<b>64.25%</b>	<b>35.75%</b>	<b>67.11%</b>	<b>32.89%</b>
<b>Percentage of Total Field Strength</b>		<b>31.27%</b>	<b>2.33%</b>	<b>1.86%</b>	<b>7.09%</b>	<b>12.80%</b>	<b>19.94%</b>	<b>7.71%</b>	<b>1.23%</b>	<b>0.32%</b>	<b>0.56%</b>	<b>27.35%</b>	<b>15.22%</b>	<b>28.56%</b>	<b>14.00%</b>



**National Health Service Corps – Oral Health Field Strength (as of 9/30/2022; full acronym key follows tables)**

State	Total	NHSC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	DD	RDH	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	16	6	0	0	10	15	1	4	12	1	15
AL	9	6	1	2	0	9	0	8	1	9	0
AR	11	11	0	0	0	8	3	3	8	5	6
AS	0	0	0	0	0	0	0	0	0	0	0
AZ	70	50	6	1	13	57	13	49	21	42	28
CA	262	189	23	24	26	238	24	216	46	225	37
CO	58	35	5	4	14	38	20	37	21	54	4
CT	31	29	2	0	0	17	14	29	2	29	2
DC	23	14	1	0	8	20	3	23	0	20	3
DE	3	3	0	0	0	1	2	1	2	3	0
FL	90	73	11	6	0	75	15	83	7	86	4
GA	29	25	4	0	0	21	8	23	6	23	6
GU	0	0	0	0	0	0	0	0	0	0	0
HI	24	23	1	0	0	22	2	14	10	22	2
IA	34	25	3	2	4	22	12	12	22	32	2
ID	19	17	1	1	0	13	6	10	9	19	0
IL	44	26	6	2	10	40	4	37	7	41	3
IN	18	16	1	1	0	13	5	17	1	17	1
KS	31	24	4	2	1	19	12	13	18	25	6
KY	27	17	1	2	7	21	6	9	18	26	1
LA	18	11	1	1	5	14	4	9	9	16	2
MA	37	20	4	3	10	31	6	36	1	36	1
MD	15	13	1	1	0	10	5	12	3	15	0
ME	12	9	2	1	0	8	4	1	11	11	1
MI	71	50	6	8	7	52	19	50	21	49	22
MN	37	28	5	2	2	25	12	26	11	15	22
MO	115	60	8	20	27	86	29	68	47	100	15
MP	1	1	0	0	0	1	0	0	1	0	1
MS	6	5	0	1	0	6	0	1	5	4	2
MT	29	20	2	4	3	20	9	7	22	16	13
NC	36	21	10	5	0	34	2	14	22	26	10
ND	6	4	1	0	1	5	1	2	4	2	4
NE	17	14	0	1	2	12	5	15	2	16	1
NH	3	3	0	0	0	2	1	1	2	3	0
NJ	13	10	1	1	1	13	0	12	1	11	2
NM	45	30	6	4	5	36	9	26	19	29	16
NV	8	3	2	0	3	6	2	6	2	6	2
NY	115	101	1	3	10	95	20	100	15	95	20
OH	66	38	4	6	18	49	17	51	15	59	7
OK	23	22	1	0	0	14	9	15	8	13	10
OR	50	42	6	2	0	32	18	31	19	43	7
PA	70	37	7	4	22	54	16	57	13	62	8
PR	11	11	0	0	0	11	0	11	0	11	0
RI	19	10	1	0	8	16	3	19	0	17	2
SC	17	14	2	1	0	10	7	14	3	17	0
SD	13	11	2	0	0	8	5	2	11	7	6
TN	13	7	2	1	3	11	2	9	4	8	5
TX	65	55	5	5	0	53	12	49	16	59	6
UT	22	17	4	1	0	19	3	13	9	13	9
VA	34	22	8	2	2	29	5	17	17	33	1
VI	0	0	0	0	0	0	0	0	0	0	0
VT	6	3	0	0	3	4	2	0	6	6	0
WA	119	91	13	10	5	103	16	88	31	110	9
WI	57	29	8	7	13	43	14	32	25	41	16
WV	32	27	3	1	1	18	14	14	18	27	5
WY	1	1	0	0	0	1	0	0	1	0	1
<b>Total</b>	<b>2,001</b>	<b>1,429</b>	<b>186</b>	<b>142</b>	<b>244</b>	<b>1,580</b>	<b>421</b>	<b>1,396</b>	<b>605</b>	<b>1,655</b>	<b>346</b>
<b>Percentage of Oral Health Field Strength</b>		<b>71.41%</b>	<b>9.30%</b>	<b>7.10%</b>	<b>12.19%</b>	<b>78.96%</b>	<b>21.04%</b>	<b>69.77%</b>	<b>30.23%</b>	<b>82.71%</b>	<b>17.29%</b>
<b>Percentage of Total Field Strength</b>		<b>7.07%</b>	<b>0.92%</b>	<b>0.70%</b>	<b>1.21%</b>	<b>7.82%</b>	<b>2.08%</b>	<b>6.91%</b>	<b>2.99%</b>	<b>8.19%</b>	<b>1.71%</b>

National Health Service Corps – Mental and Behavioral Health Field Strength (as of 9/30/2022; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SUD LRP Total	NHSC RC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	PHY MH	NP M H	PA M H	CNM MH	LCSW	LPC	HSP	MFT	PNS	CRNA	SUD Counselor	R N M H	PHARM MH	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	94	33	12	25	0	0	24	15	15	3	0	16	27	7	2	1	0	2	2	4	38	56	14	80
AL	31	15	10	5	0	1	0	5	7	0	0	9	3	0	1	0	0	3	0	3	24	7	18	13
AR	110	80	11	17	0	2	0	2	17	0	0	35	52	1	0	1	0	1	0	1	43	67	20	90
AS	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	1	1
AZ	306	111	74	103	0	4	14	18	94	8	3	44	50	12	4	3	1	9	4	56	172	134	77	229
CA	557	380	120	45	7	4	1	36	69	26	1	207	3	80	106	2	0	12	7	8	454	103	290	267
CO	258	114	87	43	1	0	13	11	24	15	2	61	82	21	5	0	0	33	4	0	180	78	102	156
CT	362	192	156	12	2	0	0	14	61	1	0	126	72	31	19	0	0	29	9	0	331	31	166	196
DC	61	29	15	0	0	1	16	3	7	2	0	21	20	5	0	0	0	1	2	0	61	0	34	27
DE	24	7	12	3	0	0	2	1	4	2	0	2	6	2	0	0	0	7	0	0	13	11	5	19
FL	266	147	106	11	0	2	0	19	60	3	0	67	54	31	6	1	0	8	6	11	235	31	92	174
GA	160	90	37	29	3	1	0	7	36	3	0	34	44	14	6	0	0	12	3	1	99	61	40	120
GU	4	1	2	1	0	0	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	4	0	4
HI	41	21	12	5	1	0	2	6	3	1	0	5	1	20	0	1	0	0	1	3	23	18	31	10
IA	139	58	33	45	0	2	1	4	43	4	0	28	31	5	3	1	1	12	3	4	25	114	33	106
ID	188	103	62	22	0	0	1	13	31	9	0	58	43	10	2	2	0	17	0	3	122	66	53	135
IL	359	202	116	38	2	0	1	20	58	14	0	109	91	23	4	0	0	27	10	3	260	99	162	197
IN	181	91	60	21	1	0	8	9	47	1	0	46	37	14	1	5	0	9	8	4	114	67	86	95
KS	104	26	26	46	0	0	6	3	33	5	0	18	11	6	3	0	0	13	2	10	18	86	48	56
KY	232	83	52	92	1	1	3	14	74	1	0	55	59	3	0	1	0	14	3	8	47	185	102	130
LA	145	78	36	17	1	3	10	3	26	1	0	42	56	6	0	1	0	4	1	5	111	34	84	61
MA	215	69	117	4	0	0	25	12	75	9	2	48	27	12	1	1	0	7	21	0	207	8	166	49
MD	243	143	74	14	3	2	7	16	49	1	0	86	37	25	2	1	0	22	3	1	203	40	75	168
ME	104	21	45	36	2	0	0	11	42	9	0	24	8	1	0	0	0	6	2	1	34	70	66	38
MI	308	128	85	59	2	1	33	13	44	11	0	133	50	11	1	1	0	23	11	10	152	156	167	141
MN	327	190	75	57	1	1	3	13	35	16	0	88	62	29	28	1	1	41	6	7	155	172	37	290
MO	328	181	86	58	0	2	1	11	75	0	0	76	104	26	4	2	0	16	12	2	189	139	111	217
MP	3	0	0	1	0	0	2	0	0	0	0	0	1	1	0	0	0	1	0	0	0	3	0	3
MS	47	25	5	17	0	0	0	0	12	1	0	12	18	0	0	0	0	4	0	0	7	40	14	33
MT	143	63	26	49	2	1	2	16	22	7	0	25	39	5	0	0	0	17	4	8	34	109	49	94
NC	230	96	86	41	1	2	4	19	38	10	2	55	43	17	2	1	0	13	19	11	90	140	102	128
ND	58	11	23	20	0	0	4	2	12	1	1	12	8	2	0	0	0	11	6	3	26	32	16	42
NE	82	17	33	25	0	0	7	5	22	7	0	9	18	4	0	1	0	10	1	5	34	48	25	57
NH	30	5	10	15	0	0	0	3	7	2	1	4	7	1	0	0	0	2	3	0	11	19	17	13
NJ	62	28	32	1	1	0	0	0	8	8	0	31	1	4	0	1	0	3	1	5	56	6	55	7
NM	193	41	43	102	1	2	4	14	30	4	2	32	29	5	2	0	1	9	3	62	63	130	58	135
NV	77	25	30	12	0	0	10	4	11	2	0	16	9	1	7	0	0	23	1	3	53	24	16	61
NY	704	334	278	64	3	2	23	57	95	19	1	195	117	53	14	2	1	107	33	10	555	149	184	520
OH	330	123	118	80	2	0	7	9	87	3	0	88	73	8	2	0	0	21	24	15	178	152	228	102
OK	331	153	73	105	0	0	0	10	26	8	1	53	161	1	10	0	1	20	11	29	94	237	30	301
OR	290	113	113	60	1	1	2	18	54	18	4	68	49	9	13	3	0	30	16	8	165	125	157	133
PA	178	75	65	14	0	2	22	17	45	11	0	39	41	10	0	0	0	10	2	3	119	59	98	80
PR	106	33	62	11	0	0	0	5	0	0	0	22	6	28	0	0	0	8	20	17	86	20	100	6
RI	81	21	41	0	0	0	19	4	26	2	0	23	15	1	1	0	0	3	5	1	81	0	71	10
SC	77	30	27	19	1	0	0	4	19	4	0	11	15	5	1	0	0	8	2	8	33	44	49	28
SD	69	29	15	25	0	0	0	2	19	2	0	12	13	4	0	0	0	10	1	6	10	59	11	58
TN	119	54	23	16	0	2	24	7	42	1	0	19	28	6	1	8	0	1	4	2	72	47	66	53
TX	242	151	70	15	0	1	5	11	38	11	0	47	91	17	5	1	0	10	2	9	206	36	106	136
UT	171	43	60	21	0	1	46	8	20	13	0	74	36	2	9	0	0	5	1	3	125	46	24	147
VA	168	57	38	34	0	2	37	6	31	1	0	34	68	11	1	1	0	10	3	2	89	79	65	103
VI	3	0	1	2	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	3	2	1
VT	59	11	18	27	0	1	2	7	11	5	0	13	13	1	0	0	0	2	6	1	11	48	59	0
WA	286	135	89	39	1	4	18	28	57	13	1	34	65	29	16	1	0	33	1	8	203	83	131	155
WI	163	75	49	30	3	1	5	13	19	0	0	31	52	18	7	2	0	9	1	11	79	84	67	96
WV	97	39	32	25	0	0	1	7	38	3	0	13	9	18	0	1	0	1	1	6	48	49	55	42
WY	62	21	16	25	0	0	0	4	8	3	1	16	17	1	3	0	0	1	0	8	10	52	10	52
<b>Total</b>	<b>9,610</b>	<b>4,401</b>	<b>2,998</b>	<b>1,704</b>	<b>43</b>	<b>49</b>	<b>415</b>	<b>559</b>	<b>1,827</b>	<b>304</b>	<b>22</b>	<b>2,427</b>	<b>2,074</b>	<b>657</b>	<b>292</b>	<b>47</b>	<b>6</b>	<b>713</b>	<b>291</b>	<b>391</b>	<b>5,848</b>	<b>3,762</b>	<b>3,945</b>	<b>5,665</b>
<b>Percentage of Mental Health</b>		<b>45.80%</b>	<b>31.20%</b>	<b>17.73%</b>	<b>0.45%</b>	<b>0.51%</b>	<b>4.32%</b>	<b>5.82%</b>	<b>19.01%</b>	<b>3.16%</b>	<b>0.23%</b>	<b>25.25%</b>	<b>21.58%</b>	<b>6.84%</b>	<b>3.04%</b>	<b>0.49%</b>	<b>0.06%</b>	<b>7.42%</b>	<b>3.03%</b>	<b>4.07%</b>	<b>60.85%</b>	<b>39.15%</b>	<b>41.05%</b>	<b>58.95%</b>
<b>Percentage of Total Field Strength</b>		<b>21.77%</b>	<b>14.83%</b>	<b>8.43%</b>	<b>0.21%</b>	<b>0.24%</b>	<b>2.05%</b>	<b>2.77%</b>	<b>9.04%</b>	<b>1.50%</b>	<b>0.11%</b>	<b>12.01%</b>	<b>10.26%</b>	<b>3.25%</b>	<b>1.44%</b>	<b>0.23%</b>	<b>&lt;0.1%</b>	<b>3.53%</b>	<b>1.44%</b>	<b>1.93%</b>	<b>28.93%</b>	<b>18.61%</b>	<b>19.52%</b>	<b>28.02%</b>

## Acronyms and Abbreviations Used in Appendix A

(In order of appearance)

### Program

NHSC SP	Scholars fulfilling NHSC obligation
NHSC LRP	Traditional loan repayors fulfilling NHSC obligation
NHSC SUD LRP	Substance use disorder workforce loan repayors fulfilling NHSC obligation
NHSC RC LRP	Rural community loan repayors fulfilling NHSC obligation
S2S LRP	Students to Service loan repayors fulfilling NHSC obligation
State LRP	State loan repayors fulfilling NHSC obligation

### Rural Status

Rural	Rural = clinicians serving in a rural setting
Non-Rural	Non-Rural = clinicians serving in any non-rural setting

### Grantee Status

Health Center Grantee	Clinicians serving in a FQHC that receives Section 330 grant funding from the Health Center Program; does not include State LRP
Non-Health Center Grantee	Clinicians serving at any site type other than FQHC; does not include State LRP

### Discipline

PHY	Allopathic/osteopathic physicians serving in the traditional NHSC LRP, excluding psychiatrists
NP	Nurse practitioners serving in the traditional NHSC LRP, excluding those with psychiatric specialty
PA	Physician assistants serving in the traditional NHSC LRP, excluding those with psychiatric specialty
CNM	Certified nurse midwives serving in the traditional NHSC LRP
RN	Registered nurses (State LRP only)
PHARM	Pharmacists (State LRP only)
DD	Dentists
RDH	Registered dental hygienists
PHY MH	Allopathic/osteopathic psychiatrists serving in the traditional NHSC LRP and the State LRP, and all physicians serving in the NHSC SUD LRP and the NHSC Rural Community (RC) LRP
NP MH	Nurse practitioners with psychiatric specialty serving in the traditional NHSC LRP and the State LRP, and all nurse practitioners serving in the NHSC SUD LRP and the NHSC RC LRP
PA MH	Physician assistants with psychiatric specialty serving in the traditional NHSC LRP and the State LRP, and all physician assistants serving in the NHSC SUD LRP and the NHSC RC LRP
CNM MH	Certified nurse midwives serving in the NHSC SUD LRP and the NHSC RC LRP
LCSW	Licensed clinical social workers
LPC	Licensed professional counselors
HSP	Health service psychologists
MFT	Marriage and family therapists

PNS	Psychiatric nurse specialists
CRNA	Certified registered nurse anesthetist
SUD Counselor	Substance use disorder counselors serving in the NHSC SUD LRP and the State LRP
RN MH	Registered nurses with a psychiatric specialty serving in the State LRP, and all registered nurses serving in the NHSC SUD LRP
PHARM MH	Pharmacists serving in the NHSC SUD LRP